Last Chance to Begin a 90-Day EHR Reporting Period for 2017

Medicaid Meaningful Use (MU) Eligible Professionals have until Tuesday, October 3 to begin a 90-day EHR Reporting Period for 2017. You can participate if you have previously participated in MU and have not received all EHR Incentive Payments, or if you have previously participated in AIU and have not successfully participated in MU. Here are a few quick tips to prepare for a successful MU attestation.

✔ Train Staff and Deploy a Patient Engagement Strategy
It is important to set aside time to train staff entire practice and get all team members on the same page. Ensure that patients are informed and engaging in electronically accessing the patient portal and secure messaging. Make it everyone’s job to promote use of the patient portal.

✔ Monitor Data and Enable Measures
Meaningful Use requires that you successfully attest to 10 MU Objectives and six Clinical Quality Measures. Please ensure that all EHR measures are enabled for the entire reporting period, including your Clinical Decision Support Rules, Patient Portal and Clinical Quality Measures. Use CMS MU modified Stage 2 specification table to identify any MU performance gaps. Ask your vendor how to produce useful reports to track your data.

✔ Public Health Registries Active Engagement
Eligible Professionals must meet two public health measures for modified Stage 2 objectives and measures. If you are not participating in a public health registry, you are almost out of time for the 2017 EHR Incentive Year.

Step 1: Consult the Tennessee Department of Health to determine if any registries are available through the State.

Step 2: Also check with your professional societies to determine if they endorse any specialized registries. Registration of intent must occur within the first 60 days of your reporting period. If you are participating in public health registry, ensure that you are actively engaged with those registries.

For help with MU pages, please contact Edith Murphy, Clinical Nurse Educator, at ehrmeaningfuluse.tenncare@tn.gov. Place “Attn: Edith Murphy” in the subject line.

Resources
1. Tennessee Department of Health Public Health Registry Information
2. CMS 2017 Measure Table

For questions regarding MU, please contact the Division of Quality Oversight Meaningful Use Team via email at ehrmeaningfuluse.tenncare@tn.gov
When Will TennCare Accept Your 2017 Attestation?

**FIRST YEAR MU ATTESTATIONS**
The TennCare EHR Incentive office is currently accepting only second-year attestations for 2017 from providers who have successfully attested to Adopting, Installing, or Upgrading (AIU) a Certified EHR Technology (CEHRT). Providers submitting these attestations would be attesting for their first year of Meaningful Use (MU), and need only demonstrate MU and Clinical Quality Measure (CQM) data for a 90-day period during 2017.

**MU ATTESTATIONS FOR YEARS 2-6**
Yes, new rule changes go into effect October 1 to allow all providers attesting for 2017 to do so with just 90 days of MU and CQM data. However the PIPP software will not be ready to accept MU attestations for years 2-6 until at least November 1.

The delay is due to the fact that the software vendor for PIPP must rebuild the system to accommodate all of the new rules, as described in the previous issue of *EHR Incentive News*. Once the system is ready for use, we will email the information to your contact address of record, which is the same email address to which we’ve emailed this newsletter.

Should you need to update your email contact address of record in order to receive this upcoming notification (as well as attestation status information and future issues of *EHR Incentive News*), you must return to the CMS EHR Registration and Attestation website in order to make a change.

- Go to the CMS Registration & Attestation System website, https://ehrincentives.cms.gov/hitech/login.action
- Enter the CMS Registration Number you were originally given
- Click on “Modify”
- As you go through EACH page, click “Save & Continue”
- On the appropriate page(s), make the needed change(s), click “Save & Continue”
- On the last page, click “Submit”

This will save your information and cause CMS to re-send your information back to us for processing within 24 – 48 hours.

Should you need assistance with the CMS website, please contact the CMS Help Desk EHR Information Center (EHRIC) at 888.734.6433 (TTY: 888.734.6563) and select option 1. Hours are Monday through Friday, 8:30 a.m. - 7:30 p.m. ET.
# An Overview of 2017 MU Objectives and Measures

Reference this table when planning your 2017 EHR Incentive attestation to Meaningful Use (MU).

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<tr>
<th>Objective</th>
<th>Measure</th>
<th>Exclusion</th>
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<tr>
<td><strong>Objective 1: Protect Patient Health Information</strong></td>
<td>Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained in CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP’s risk management process.</td>
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| **Objective 2: Clinical Decision Support** | **Measure 1:** Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP’s scope of practice or patient population, the clinical decision support interventions must be related to high priority health conditions.  
**Measure 2:** The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period. | **Measure 2 Exclusion:** Any EP who writes fewer than 100 medication orders during the EHR reporting period. |
| **Objective 3: Computerized Provider Order Entry** | **Measure 1:** More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.  
**Measure 2:** More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.  
**Measure 3:** More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry. | **Measure 1 Exclusion:** Any EP who writes fewer than 100 medication orders during the EHR reporting period.  
**Measure 2 Exclusion:** Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.  
**Measure 3 Exclusion:** Any EP who writes fewer than 100 radiology orders during the EHR reporting period. |
## 2017 Objectives and Measures (Continued)

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<td><strong>Objective 4: Electronic Prescribing</strong></td>
<td><strong>Measure:</strong> More than 50 percent of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.</td>
<td><strong>Exclusion:</strong> Any EP who - Writes fewer than 100 permissible prescriptions during the EHR reporting period; or Does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP’s practice location at the start of his or her EHR reporting period.</td>
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<td><strong>Objective 5: Health Information Exchange</strong></td>
<td><strong>Measure:</strong> The EP that transitions or refers their patient to another setting of care or provider of care must (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.</td>
<td><strong>Exclusion:</strong> Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.</td>
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<td><strong>Objective 6: Patient Specific Education</strong></td>
<td><strong>Measure:</strong> Patient specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.</td>
<td><strong>Exclusion:</strong> Any EP who has no office visits during the EHR reporting period.</td>
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<td><strong>Objective 7: Medication Reconciliation</strong></td>
<td><strong>Measure:</strong> The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.</td>
<td><strong>Exclusion:</strong> Any EP who was not the recipient of any transitions of care during the EHR reporting period.</td>
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| **Objective 8: Patient Electronic Access (VDT)** | **Measure 1:** More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP’s discretion to withhold certain information.  
**Measure 2:** For an EHR reporting period in 2017, more than five percent of unique patients seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits his or her health information to a third party during the EHR reporting period. | **Measure 2 Exclusion:** Any EP who: Neither orders nor creates any of the information listed for inclusion as part of the measures except for “Patient Name” and “Provider’s name and office contact information.” or Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period. |
| **Objective 9: Secure Messaging** | **Measure:** For an EHR reporting period in 2017, more than five percent of unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period. | **Exclusion:** Any EP who has no office visits during the EHR reporting period, or any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period. |

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## 2017 Objectives and Measures
(Continued)

### Objective 10: Public Health Report
EPs must attest to at least 2 public health measures

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<th>Measure</th>
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| **Measure 1: Immunization Registry** | The EP is in active engagement with a public health agency to submit immunization data. | Any EP meeting at least one of the following criteria may be excluded:  
Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction’s immunization registry or immunization information system during the EHR reporting period  
Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period  
Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period |
| **Measure 2: Syndromic Surveillance** | The EP is in active engagement with a public health agency to submit syndromic surveillance data. | Any EP meeting at least one of the following criteria may be excluded:  
Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction’s syndromic surveillance system  
Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or  
Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period |
| **Measure 3: Specialized Registry** | The EP is in active engagement to submit data to a specialized registry. | Any EP meeting at least one of the following criteria may be excluded:  
Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period  
Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period  
Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period. |
TDH Requesting Contacts for Overdose Reporting

Tennessee Department of Health is now onboarding hospitals and emergency departments statewide for Drug Overdose Reporting.

To facilitate this work; TDH is requesting a contact list for your organization with both a leadership and technical contact (persons familiar with computer interfaces and data exchange).

TDH has distributed Drug Overdose Reporting (DOR) information and technical details through multiple channels to notify all applicable Tennessee hospitals and emergency departments that statewide Drug Overdose Reporting implementation has begun.

All of these DOR materials are also available on the Drug Overdose Reporting webpage (https://www.tn.gov/health/topic/pdo-drug-overdose-reporting).

Please provide a contact list for your organization with both a leadership and technical contact. TDH will help determine if your organization has an existing Trading Partner Registration (TPR). Your organization will then need to either update your existing registration or create a new registration in TPR for your facility with the required Drug Overdose Reporting interface information. Organizations and Facilities will only be considered “engaged” after the TPR is approved and the onboarding milestones are started.

Please submit your contact list and general inquiries to TDH.Informatics@tn.gov with Drug Overdose Reporting on the subject line.

For questions or concerns regarding how TN’s drug overdose reporting program is affected by 42 CFR, please contact TDH.Informatics@tn.gov with the Subject: Drug Overdose Reporting & 42 CFR.”